

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Dy	3. Date 06-December-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dane Salazar
5. Manuscript Title Disparities in Orthopaedic Healthcare: Narrowing the Gap		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K23AR073928

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NIAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K23 Career Development Award

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Dy reports grants from National Institutes of Health, during the conduct of the study; grants from NIH/NIAMS, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

W. Stephen

2. Surname (Last Name)

Choate

3. Date

21-December-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dane Salazar MD

5. Manuscript Title

Disparities in Access To Musculoskeletal Care: Narrowing the Gap

6. Manuscript Identifying Number (if you know it)

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Howard

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Place

3. Date

21-December-2018

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☐ Yes

☒ No

Corresponding Author's Name

Dane Salazar MD

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1. Given Name (First Name)
Dane

2. Surname (Last Name)
Salazar

3. Date
24-November-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Health Care disparities: Narrowing the Gap

6. Manuscript Identifying Number (if you know it)

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